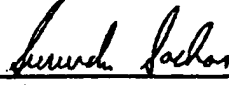


U.S. APPLICATION NO. IF KNOWN (SEE 37 CFR 1.53) <b>107500288</b>		INTERNATIONAL APPLICATION NO. <b>PCT/EP02/13828</b>		ATTORNEY'S DOCKET NUMBER <b>251572US0PCT</b>							
24. The following fees are submitted: <b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :</b> <input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... \$1080.00 <input checked="" type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... \$920.00 <input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$770.00 <input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... \$730.00 <input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00 <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>				<b>CALCULATIONS PTO USE ONLY</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 100px;"></td> <td style="width: 50%;"></td> </tr> </table>							
Surcharge of \$130.00 for furnishing the oath or declaration later than _____ months from the earliest claimed priority date (37 CFR 1.492 (e)). <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;"><b>\$920.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$130.00</b></td> <td></td> </tr> </table>				<b>\$920.00</b>		<b>\$130.00</b>	
<b>\$920.00</b>											
<b>\$130.00</b>											
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE								
Total claims	17 - 20 =	0	x \$18.00	<b>\$0.00</b>							
Independent claims	1 - 3 =	0	x \$84.00	<b>\$0.00</b>							
Multiple Dependent Claims (check if applicable).				<input type="checkbox"/>	<b>\$0.00</b>						
<b>TOTAL OF ABOVE CALCULATIONS =</b>				<b>\$1,050.00</b>							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				<b>\$0.00</b>							
<b>SUBTOTAL =</b>				<b>\$1,050.00</b>							
Processing fee of \$130.00 for furnishing the English translation later than _____ months from the earliest claimed priority date (37 CFR 1.492 (f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30				<b>\$0.00</b>							
<b>TOTAL NATIONAL FEE =</b>				<b>\$1,050.00</b>							
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).				<input type="checkbox"/>	<b>\$0.00</b>						
<b>TOTAL FEES ENCLOSED =</b>				<b>\$1,050.00</b>							
				Amount to be: refunded	\$						
				charged	\$						
a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of _____ to cover the above fees. c. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>15-0030</u> d. <input checked="" type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.											
SEND ALL CORRESPONDENCE TO:											
Telephone No: (703)413-3000 Fax No: (703)413-2220 Customer No.: 22850		<div style="text-align: center;"> <b>Surinder Sachar</b>  <b>Registration No. 34,423</b> </div>									
		SIGNATURE <div style="text-align: center;">   <b>Norman F. Oblon</b> </div>									
		NAME <b>24,618</b>									
		REGISTRATION NUMBER									
		DATE <div style="text-align: center;"> <u>June 29 2004</u> </div>									